**National Association of Orthopaedic Nurses (NAON)**

**Provider Unit Biographical and Conflict of Interest Form**

This form must be completed by all Continuing Nursing Education (CNE) activity planners, presenters, editors, authors, and reviewers.

Title of Educational Activity or Presentation: ONRC - NAON Orthopaedic Nursing Review Course, Presentation as contracted

Education Activity Date: Variable dates in 2023, as scheduled

Role in Educational Activity:  Planner

Presenter

Author

Editor

Reviewer

Other – Describe:

**Section 1: Demographic Data**

Name with Credentials/Degrees:

Street/city/state/zip:

Phone Number:       Email Address:

Current Employer:

Position/Title:

Employer City:       Employer State:

**Section 2: Expertise – Planners/Presenters/Editors/Authors/Reviewers**

Select area of expertise specific to the educational activity listed above:  Knowledge about the nursing continuing education (CE) Process

Previous planner of CE activity

Previous presenter of CE activity

Content Expert (presenter)

Other (description)

Any additional information that displays qualifications to be a CNE planner:

**Section 3: Expertise – Planners/Presenters/Editors/Authors/Reviewers**

Please describe expertise specific to the educational activity (e.g., education, professional achievements and credentials, work experience, honors, awards, professional publications, past presentations, etc.). **NOTE:** Do not attach Curriculum Vitae or resume to this form.

**Section 4: Conflict of Interest**

Each individual who is in a position to control the content of a continuing education activity must disclose all relevant relationships with any entity in a position to benefit financially from the success of this CE activity. Examples of relevant relationships include (but are not limited to) those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit related to this particular CNE activity.

Relevant relationships can also include ‘contracted research’ where the institution receives a grant and manages the grant funds and the individual is the principal or a named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking, teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ANCC considers relationships of the individual involved in this continuing nursing education activity to include financial relationships of the individual’s spouse/partner.

ANCC considers relationships occurring within the 12 months prior to the implementation date of this activity as “relevant” to conflict of interest. When a person separates himself/herself of such a relationship, it ceases to be a conflict of interest but it must be disclosed to the learners for 12 months after the termination of the relationship.

All information disclosed must be shared with the participants/learners on program handouts, advertising and/or audiovisual presentation.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner related to this CNE activity?

Yes  No

**If yes,** complete the table below for all actual, potential or perceived conflicts of interest\*\*:

|  |  |  |
| --- | --- | --- |
| Check all that apply | Category | Description (company) |
|  | Salary |  |
|  | Royalty |  |
|  | Stock |  |
|  | Speakers Bureau |  |
|  | Consultant |  |
|  | Other |  |

\*\* All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

**Section 5: Introduction - Presenters**

Please provide a brief paragraph detailing how you would like to be introduced to the audience by your moderator.

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**Section 6: Statement of Understanding**

An “X” in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Electronic Signature (Required) Date**

**Print Name and Credentials**

**The NAON Provider Unit Lead Nurse**

**Planner completes the remainder of the form.**

**Section 7: Conflict Resolution (if applicable for this CNE activity)**

Procedures the NAON Provider Unit Lead Nurse Planner used to resolve conflict of interest or potential bias if applicable for this activity. **Check all that apply.**

Not applicable, no conflict of interest exists for this CNE activity.

Remove individual with conflict of interest from participating in all parts of the CNE activity.

Revise the role of the individual with conflict of interest so the financial relationship is no longer relevant.

Not awarding contact hours for a portion or all of the CNE activity.

Content for the CNE activity evaluated for bias and activity will be monitored to evaluate

for commercial bias.

**NAON Lead Nurse Planner Signature**

An “X” in the box below serves as the electronic signature of the NAON Provider Unit Lead Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Electronic Signature (Required)**

**Print Name and Credentials Date**